

## MISSOURI DEPARTMENT OF CONSERVATION

### Physician's Statement of Eligibility

*(If you have a Hunting Method Exemption to hunt from a stationary vehicle you do not need to submit this form)*

**SEND THIS PORTION TO THE MISSOURI DEPARTMENT OF CONSERVATION**

#### Section A: APPLICANT INFORMATION

APPLICANT'S NAME (please print legibly Last, First, MI) \_\_\_\_\_ Conservation # (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

APPLICANT'S MAILING ADDRESS \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME TELEPHONE: ( ) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### Section B: TYPE OF PRIVILEGE REQUESTED – Check All That Apply

- ☐ Disabled Accessible Hunting Blind Request
- ☐ Electric Personal Assistive Mobility Device Request (Special Use Permit Also Required From Area Manager)
- ☐ Motorized Vehicle Access on Conservation Area (Special Use Permit Also Required From Area Manager)
- Other \_\_\_\_\_

#### Section C: PHYSICIAN'S STATEMENT

PHYSICIAN'S NAME (please print legibly Last, First, MI) \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ STATE OF LICENSE \_\_\_\_\_

MEDICAL FACILITY \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

**The Applicant has a physical disability that affects the Applicant's ability to ambulate without assistance of an assistive device such as brace, cane, crutch, another person, prosthetic device, wheelchair or other assistive device.**

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



#### APPLICANT KEEPS THIS PORTION

This disabled person shall provide the top portion of this signed Physician's Statement of Eligibility affidavit to the Missouri Department of Conservation within ten (10) days of the date of the Physician's signature.

**THIS IS YOUR CARD/STATEMENT OF ELIGIBILITY AND MUST BE IN YOUR POSSESSION WHEN UTILIZING PRIVILEGES AS INDICATED AND IS TO BE DISPLAYED TO ANY AGENT OF THIS DEPARTMENT UPON REQUEST.**

Name \_\_\_\_\_ Conservation # (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

**USED FOR:** ☐ Disabled Accessible Hunting Blind ☐ Electric Personal Assistive Mobility Device\*  
☐ Motorized Vehicle Access on Conservation Areas\* ☐ Other \_\_\_\_\_

**DATE OF ISSUE:** \_\_\_\_\_ **DURATION IS 1 YEAR FROM DATE OF ISSUE**

Applicant's Signature \_\_\_\_\_ Physician's Signature \_\_\_\_\_

\* Special Use Permit Also Required From Area Manager

Dear Applicant and Physician:

The process is as follows:

- The applicant completes all information in Section A and Section B. The applicant's signature is required along with his/her name, address and Zip code on the removable carry document at the bottom of the form.
- The physician completes all information in Section C. The physician's signature and date are required in Section C. The physician must also sign and enter date of issue on the removable carry document at the bottom of the form.
- Please place the top portion of the form in an envelope and mail to:  
Wildlife Division (for Nature Center requests please send to Outreach & Education Division)  
Missouri Department of Conservation  
P.O. Box 180  
Jefferson City, MO 65102-0180

**Please Note:** No permanent status exemption is available. All exemptions expire one year from date of Doctor's signature. Please remember that all information must be on the detachable carry document, and the top portion of the form must be mailed to the above-listed address within ten days after the doctor signs it for it to be valid.

If you already possess a Hunting Method Exemption for hunting from a stationary vehicle you do not need to submit this form.

Thank you for your attention to these documents and we hope that you have many years of enjoyment while hunting in the great State of Missouri.

**SPECIAL NOTE: Missouri Statute 252.160. Fraudulently Securing license.** Any person who shall obtain or cause to be issued any certificate, license, or privilege from this state or any political subdivision thereof, or from any licensing or certifying organization authorized to certify or license by the laws of this state, by any deceit, shall, upon conviction, be deemed guilty of misdemeanor.

**This authorization does not waive requirements that you possess proper hunting permits, and that you abide by limits and other requirements of the statutes and regulations of the State of Missouri.**